



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ivar S. Helgason, Halldor Skulason, Thorvarour Jon Love and Julius H. Schopka

Application No.: 10/071,787 Group: 2179

Filed: February 7, 2002 Examiner: B. Huynh

Confirmation No.: 3611

For: MEDICAL ADVICE EXPERT

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>11/12/04</u>	<u>Marjaret A. Norcutt</u>
Date	Signature
<u>Marjaret A. Norcutt</u>	
Typed or printed name of person signing certificate	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The following is being submitted in response to the Office Action dated November 2, 2004, in the above-captioned application.

Please amend the application as follows:



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<u>11/12/04</u> Date	<u>Margaret A. Norcott</u> Signature
<u>Margaret A. Norcott</u> Typed or printed name of person signing certificate	

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for filing in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- [] A Small Entity Statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)	(COL. 2)	(COL. 3)	(COL. 4)	(COL. 5)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	141	MINUS	* 141	
INDEP	9	MINUS	** 9	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

- * not fewer than 20
 ** not fewer than 3

SMALL ENTITY	
RATE	ADDIT. FEE
X \$9	\$
X \$44	\$
+ \$150	\$

TOTAL = \$ 0

OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE
X \$18	\$
X \$88	\$
+ \$300	\$

TOTAL = \$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

A check is enclosed in payment of the following fees:

<input type="checkbox"/>	Petition for [] month Extension of Time	\$	_____
<input type="checkbox"/>	Amendment Fee	\$	_____
<input type="checkbox"/>	Other Fees:		
	_____	\$	_____
	_____	\$	_____
	TOTAL:	\$	<u>0</u>

☒ A general authorization is hereby granted to charge Deposit Account No. 08-0380 for any fees required under 37 C.F.R. 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Mary Lou Wakimura
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Concord, Massachusetts 01742-9133

Dated: 11/12/04